



At the Heart of Communications and Communities <sup>SM</sup>

## Application for Employment

To be considered for employment, you must fill in ALL information requested below (unless included in a resume) and sign the application. Thank you for completing this form and considering BETAH as your prospective employer.

BETAH Associates, Inc., is an equal opportunity employer and does not discriminate in hiring or employment on the basis of age, race, creed, color, religion, national origin, sex, sexual orientation, marital status, disability, veteran status, or any other characteristic protected by applicable Federal, state, or local laws, regulations, or ordinances. BETAH complies fully with the Americans with Disabilities Act (ADA) and ensures equal opportunity in employment for qualified persons with disabilities. We are committed to diversity in the workplace, and we promote a drug-free workplace.

### Please Print – Complete in Full

Position(s) applied for: \_\_\_\_\_

Available for: FT ☐ PT ☐ Temp ☐ Contract ☐ Date available to start: \_\_\_\_\_

How did you learn about us? Advertisement ☐ Employee referral ☐ Employment agency ☐ Other \_\_\_\_\_

Last name	First name	Middle name	Maiden/Other
Address	Number/Street	City/State	Zip code
Telephone (home)	(office)	(cell)	E-mail

1. Are you legally eligible to work in the United States? (Proof of citizenship or immigration status will be required upon offer of employment.) Yes ☐ No ☐

2. Have you ever been convicted of a felony? Yes ☐ No ☐

(A felony conviction will not necessarily result in the denial of employment.) If yes Please explain:

3. Have you ever filed an application with BETAH before? Yes ☐ No ☐ (If yes, mo/yr \_\_\_\_\_ )

4. Have you ever been employed by BETAH? Yes ☐ No ☐ If yes, provide the following:

5. Date Employed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

6. Do you have any relatives who work for BETAH? Yes ☐ No ☐ If yes, list name(s) of relative(s):

## Work Experience

Dates	Name and location of employer	Job title	Pay rate
1. From:			Start salary:
To:			End salary:
Supervisor name and phone/e-mail:			May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:			
2. From:			Start salary:
To:			End salary:
Supervisor name and phone/e-mail:			May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:			
3. From:			Start salary:
To:			End salary:
Supervisor name and phone/e-mail:			May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:			

## Education

Type of school	Name and location of school	Major course of study	Number of years completed	Degree
High school (complete only if no college)				
College/ University				
College/ University				
Vocational/ Technical				

List professional certifications, licenses and/or membership affiliations: \_\_\_\_\_

Are you taking any course of study now? \_\_\_\_\_

Professional References			
Name	Phone number/e-mail	Relationship/Occupation	Years known

### Applicant Waiver and Release

I certify that all answers given by me are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts on my part in this application or any other materials submitted by me to BETAH Associates, Inc., will be justification for cancellation of this application and/or termination of my employment. I authorize investigation of all statements contained in this application, and other material submitted in conjunction with this application, which BETAH may deem relevant to my employment.

I indemnify BETAH Associates, Inc., against any liability that might result from making such investigations and inquiries.

If any employment relationship is established, I understand it to be "Employment at Will." Therefore, I have the right to terminate such employment at any time, without cause, and BETAH retains the same right.

I understand that BETAH has a policy that prohibits the possession and/or use of illegal drugs and alcohol, and may require a pre-employment drug test and/or may periodically test its employees as an enforcement measure in providing a safe, healthy, productive working environment and to maintain the integrity and security of BETAH facilities and property.

I understand that no manager or representative of BETAH, other than the CEO, has any authority to enter into any agreement for employment, and then, only if the agreement is expressly set forth in a written document signed by the applicant.

I also agree to comply with BETAH rules, regulations, and policies and recognize that failure to comply may result in my dismissal.

My signature certifies that I have read and understood all questions and terms of this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_